

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 48

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mazie Hirono

A. Full Name (Last, First, Middle Initial) ActBlue PAC	Transaction ID: D366910
Mailing Address PO Box 382110	Date of Disbursement
City Cambridge	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>0</div> </div> <div> <div>2</div> <div>8</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
State MA	Amount of Each Disbursement this Period
Zip Code 02238-2110	<div>0.20</div>
Purpose of Disbursement Merchant Fee	<div>Category/ Type</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	
B. Full Name (Last, First, Middle Initial) Hawaiian Telcom	Transaction ID: D368400
Mailing Address 1177 Bishop St	Date of Disbursement
City Honolulu	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>0</div> </div> <div> <div>2</div> <div>8</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
State HI	Amount of Each Disbursement this Period
Zip Code 96813-2808	<div>182.88</div>
Purpose of Disbursement Telephone Service	<div>Category/ Type</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	
C. Full Name (Last, First, Middle Initial) Hawaii State Tax Collector	Transaction ID: D368420
Mailing Address P.O. Box 3223	Date of Disbursement
City Honolulu	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>1</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
State HI	Amount of Each Disbursement this Period
Zip Code 96813	<div>1121.42</div>
Purpose of Disbursement State Unemployment Tax	<div>Category/ Type</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

SUBTOTAL of Disbursements This Page (optional)

1304.50

TOTAL This Period (last page this line number only)